



Standard Form 2800  
Revised March 1992

Previous editions are not usable

Form Approved  
OMB No. 3206-0156

NSN 7540-00-634-4249

Office of Personnel Management  
FPM Supplement 830-1

## Application for Death Benefits

### Help In Filling Out Your Application

If you need help to complete this application:

- a. Contact the personnel office in the agency where the deceased was working if he or she died while still employed; otherwise
- b. Contact the Office of Personnel Management  
Civil Service Retirement System  
1900 E Street, N.W.  
Washington, D.C. 20415

You may visit the Retirement Information Office at the above address

### General Information

The Office of Personnel Management prepared this package for individuals who want to apply for survivor benefits based on the death of a Civil Service employee, former employee, or annuitant who was covered by the Civil Service Retirement System (CSRS). The package contains information, instructions, and a claim form. Each person who expects to be paid a benefit must fill out an application. (See Instructions, Section C regarding applications in behalf of minor children.)

This application is **not** for use by former (i.e., divorced) spouses who are applying for survivor annuity benefits (1) for themselves alone or (2) for themselves and children of the deceased. To obtain the former spouse's application form write to:

Office of Personnel Management  
Civil Service Retirement System  
Retirement Operations Center  
Boyers, PA 16017

The survivors of employees and annuitants who were subject to the Federal Employees Retirement System (FERS) must use Standard Form 3104 to apply for death benefits.

### Type of Death Benefits

The two kinds of benefits possible are "survivor annuity" and "lump sum payment." Monthly survivor annuities may be payable, upon the death of an employee or annuitant, to a spouse, former spouse, children or a person elected by the annuitant (i.e., insurable interest). Monthly survivor annuity

benefits are usually payable commencing the day after the death of the employee or annuitant. Survivor annuity payments to widows, widowers, and former spouses end when the survivor annuitant remarries before reaching age 55 or dies. Survivor annuity payments for a child end when the child marries, dies, reaches age 18 (unless the child is disabled; see instructions for Section C.1.a) and is not a full-time student, or reaches age 22. Insurable interest survivor annuity benefits end when the survivor annuitant dies.

If no one is eligible for a monthly benefit or when monthly annuity payments to all eligible survivors end, a one-time lump sum benefit is payable if all the money the deceased paid into the Civil Service Retirement Fund has not been paid out. Also, a lump sum is payable upon the death of an annuitant who does not receive all the annuity payable through the date of death. Lump sums are paid in the following order:

- a. Any beneficiary named by the deceased in a written designation received by the Office of Personnel Management or its predecessor, the U.S. Civil Service Commission, prior to death;
- b. Widow or widower of the deceased;
- c. Child or children (descendants of a deceased child may qualify);
- d. Parents in equal shares or all to the surviving parent (attach a statement telling what happened to the other parent);
- e. Executor or administrator of the deceased's estate;
- f. If none of the above apply, payment will be made to the next of kin according to the laws of the deceased's State of residence.

### Attachments

ALWAYS attach a copy of the deceased's DEATH CERTIFICATE. We may need other documents such as proof of marriage, divorce, birth, guardianship, etc., depending on your situation. These documents are discussed in the instructions for each item on the application. If you don't have the additional documents, send in your application and the death certificate without them. We will notify you if we can't proceed without additional information or evidence. If we have to request additional documentation, this will delay the processing of your claim.

ATTACH the death certificate and the other documents to the application.

### Federal Employees' Group Life Insurance

The Civil Service Retirement System does not pay the life insurance claims. To apply for any Federal employees' life insurance which may be payable, use Form FE-6, Claim for Death Benefits, Federal Employees Group Life Insurance.

Life insurance isn't always payable. Form FE-6 has complete instructions on how to file and where to mail the Form FE-6. You can get Form FE-6 from the Office of Personnel Management or from Federal agency personnel offices. You must send a **certified** death certificate with Form FE-6.

### **Uncashed Annuity Checks**

Any uncashed checks payable to the deceased must be returned to the following address:

Director, Regional Financial Center  
U.S. Treasury Department  
Post Office Box 8670  
Chicago, IL 60680-8670

If annuity payments were deposited directly into an account through Electronic Fund Transfers, immediately notify the financial institution of the death of the annuitant. The U.S. Treasury Department will request that the financial institution recover the direct deposits made to the annuitant's account after the date of death. If the annuity payments are still in the account, the financial institution will simply reimburse the Treasury Department in the amount requested. If the payments have been withdrawn, the financial institution and/or OPM will contact the withdrawn for reimbursement.

### **Information Regarding Federal Income Tax Withholding**

Federal law requires that income tax be withheld, under certain circumstances, from survivor annuity and/or lump sum payments unless the payee requests in writing that we not withhold the tax. We withhold Federal income tax from the first survivor annuity payment and send the payee information about the right to change the amount of withholding or have it stopped.

### **Survivors of Deceased Annuitants or Former Employees**

Send your completed, SIGNED application, the deceased's DEATH CERTIFICATE, and any required additional documents to the following address:

Office of Personnel Management  
Civil Service Retirement System  
Retirement Operations Center  
Boyers, PA 16017

### **Survivors of Deceased Employees**

Send your completed, SIGNED application, the deceased's DEATH CERTIFICATE, and any required additional documents to the personnel office of the deceased's employing agency.

### **Privacy Act Statement**

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application, to obtain additional information, if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file. The information may be shared and is subject to verification, via paper, electronic

media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or make it impossible for us to determine your eligibility to receive death benefits.

### **Public Burden Statement**

We think this form takes an average 30 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Management and Budget, Paperwork Reduction Project (3206-0156), Washington, D.C. 20503.

### **Instructions for Completing Standard Form 2800**

#### **Please Carefully Follow the Instructions Below**

TYPE OR PRINT CLEARLY. If you need more space in any section, use a plain piece of paper with your name, date of birth, and Social Security Number and the deceased's name, date of birth, Civil Service Claim (CSA) Number (if applicable), and Social Security Number written at the top.

#### **Section A - Information About the Deceased**

1. Give the deceased's full name.
2. Give the deceased's date of birth.
3. Give the date of death.
4. Give the deceased's legal residence. The legal residence is the city and state where the deceased lived when he/she died.
5. Give the deceased's Social Security Number. If you don't know the number, write "unknown."
6. Give the deceased's CSA claim number if the deceased was a Civil Service annuitant. If the deceased was retired and receiving a monthly annuity check from the Civil Service Retirement System, the CSA claim number will identify the retirement file. The CSA number appears on the monthly checks from the U.S. Treasury and on all correspondence from OPM to the annuitant. If you don't know the number, write "unknown." If the deceased wasn't a Civil Service annuitant, write "not applicable."
7. Give the name of the department or agency where the deceased was employed at death, retirement, or final

separation from Federal government employment. If you don't know, write "unknown."

8. Give the location of the employment shown in item 7. If you don't know, write "unknown."
9. Give the date the department or agency separated the deceased from employment. If you don't know, write "unknown."
10. a. Show if the deceased applied for or was receiving payments from Office of Workers' Compensation Programs (OWCP). The Department of Labor, OWCP, makes recurring payments to workers who are injured or survivors of workers who die because of an on-the-job injury. Recurring payments for OWCP and Civil Service survivor annuity benefits usually are not payable for the same period of time.
10. b. Give the deceased's OWCP claim number. It appears on the U.S. Treasury checks and correspondence from OWCP. If you don't know the number, write "unknown."
11. Give the name of the deceased's husband or wife at the time of death. If the deceased wasn't married at the time of death, write "none."
12. a. List all former spouses of the deceased, if known. If the deceased had no former marriage, write "none." If you don't know, write "unknown." If you married the deceased after he or she retired and if the deceased was married to someone else before marrying you, we may need proof that the previous marriage ended (such as a death certificate of the previous spouse or a divorce decree). If such proof is readily available, attach a copy of the proof to this application and send it to us, unless you **know** we already have it.
- b. Show whether the marriage ended by death or divorce/annulment. If you don't know, write "unknown."
- c. Give the date the marriage ended. If you don't know the exact date, give the approximate date followed by a question mark (?) or write "unknown."

## Section B - Information About the Applicant

1. Give your full name.
2. Give your date of birth.
3. Give your Social Security Number.
4. a. Show whether you are a U.S. citizen.
- b. If you checked "No," give your citizenship.
5. Give your relationship to the deceased: for example, if the deceased was your father, write "son" or "daughter," as applicable. If you are appointed by the court to settle

the estate of the deceased, enter "executor" or "administrator" and attach a copy of your court appointment.

6. Show if you are the widow or widower of the deceased. If you are, complete items 7-12. Otherwise go to Section C. (Note: If your most recent marriage to the deceased ended in divorce or annulment, you are not the deceased's widow or widower and items 7-12 do not apply to you.)
7. Show what type of official performed your marriage to the deceased. If you were married by a priest, rabbi, pastor, Justice of the Peace or other person empowered by the State to perform marriages, check "clergy/justice of the peace." If you were NOT married by someone empowered by the State to perform marriages, check "other" and explain (for example, "common law" or "tribal marriage"). Proof of marriage (such as a copy of your marriage certificate) may be necessary to complete processing of your claim. If such proof is readily available, please attach a copy to this application.
8. Give the date of your marriage to the deceased. If you married the deceased more than once, give the date of the most recent marriage.
9. Give the city and state where you were married on the date in item 8. If you were married outside the United States, give the city and country.
10. Show whether you were married to the deceased more than once.
  - a. Give the date(s) of any prior marriage(s) between you and the deceased and attach a copy of your marriage certificate(s) for each prior marriage, if available.
  - b. Give the date(s) of any divorce or annulment of a marriage between you and the deceased and attach a copy of the final decree of divorce or annulment.
11. Show whether you have married since the date given in Section A.3.
  - a. Give the date you remarried and attach a copy of the proof of your current marriage.
12. a. Show if you have ever applied for a survivor annuity based on the Federal service of a deceased spouse other than the spouse you named in Section A of this application. If "Yes," complete items 12 b-e.
- b. Give the name of the former spouse.
- c. Give the former spouse's date of birth.
- d. Give the name of the retirement system, for example, Civil Service, Foreign Service, TVA, etc.
- e. Give the claim number assigned to you by that system.

## Section C - Information About the Deceased's Dependent Children

1. a. List in order of birth all the surviving unmarried, dependent children of the deceased. List all such children you know of, no matter where they live. A dependent child is a son or daughter who is unmarried and:
    - was under age 18 at the time of the deceased's death, including any:
      - adopted child;
        - stepchild or recognized child born out of wedlock who lived with the deceased in a regular parent-child relationship; or
        - recognized child born out of wedlock if there was a judicial determination of support or if the deceased made regular and substantial contributions for the support of the child;
      - is age 18 or older but became mentally and/or physically disabled before age 18 and who because of the disability is incapable of self-support. For each son or daughter attach a physician's statement describing the nature of the disability, the date it began, and the complete name and address of the physician we may contact if more information is needed;
      - is between age 18 and 22 and is a full time student in school.
    - DO NOT list foster children or grandchildren; they are not eligible for a monthly benefit.
  - b. Give each child's date of birth. If you don't know, write "unknown." If available, please attach a copy of the birth certificate of each child whose benefit should be paid to you.
  - c. If the unmarried dependent son or daughter is 18 or over, show if he or she is a full-time student and/or disabled.
  - d. Put an "X" in the proper blocks to show how each child is related to the deceased.
  - e. Give each child's Social Security Number. If you don't know the number, write "unknown."
2. Show whether, on the date in Section A.3, there was an unborn child of the deceased. If the child is now born, attach a copy of the birth certificate if you are applying for the child's benefits. If the child is born after you submit this application, the mother of the child, the legal guardian, or the person who is responsible for the child should send us the birth certificate and tell us the name and address of the person who should be paid.

3. Show if you have the responsibility for ALL the children in Section C.1. If "Yes," go to Section C.4. If "No," complete a-c. Usually, the person the children live with is the person who is responsible.
  - a. Give the name and address of the person(s) who are responsible for the children named in Section C.1. If you don't know, write "unknown."
  - b. Give the children's names.
  - c. If the person(s) in 3.a is(are) court appointed, indicate by checking the "legal guardian" box. If there is no court appointment, check "other" and write in the relationship, for example, mother, father, sister, etc.
- 4.. Show if a legal guardian (Other than one already shown in Section C.3) has been appointed for any child listed in Section C.1.
  - a. Give the name and the address of the legal guardian(s). Give the names of children for whom the legal guardian
  - b. has responsibility.

## Section D - Information About Other Heirs

We also must have information about other relatives who may be able to inherit from the deceased, even if you don't think they will get a payment from us. Be **sure** to make an entry in this section. If you can't give complete information, do the best you can. List only persons who were living when the deceased died and who have the following relationships to the deceased.

- Widow(er) unless named in Section B.1.
- Children of the deceased not included in Section C and the children of any deceased children.
- If there is no living widow(er) or child, list the deceased's parents.
- If there are no living relatives of the deceased as described above and no court-appointed fiduciary as described in Section E, list other blood relatives who can inherit from the deceased. In-laws (people related by marriage) are not relatives.
- If there are no other heirs as described above, enter "None."

## Section E - Information About the Deceased's Estate

1. Show if a court appointed someone to be responsible for the estate of the deceased. State law determines whether the person appointed is called executor, administrator, or some other term, such as "personal representative." If someone was named as executor/administrator in the deceased's will, but hasn't been appointed by the court, check "No." If you have been appointed by a court, attach a copy of the court appointment.

2. Give the name and address of the person the court appointed.
3. Show if a court will be appointing an executor, administrator, or other official.

### Section F - Active Military Service

Complete this section only if (1) you are the surviving spouse of a deceased employee (not an annuitant), (2) the deceased employee had at least 18 months of Federal civilian service, and (3) you were married to the deceased employee for at least 9 months before his or her death, you are the parent of a child born of the marriage, or the death was accidental.

Active military service includes active duty service in any of the following:

- Army, Navy, Marine Corps, Air Force, or Coast Guard of the United States;
  - Regular Corps or Reserve Corps of the Public Health Service after June 30, 1960;
  - As a commissioned officer of the National Oceanic and Atmospheric Administration (formerly Coast and Geodetic Survey and Environmental Science Services Administration) after June 30, 1961.
1. Provide the information listed below if it available.
    - a. Branch of service.
    - b. Deceased's serial number.
    - c. Dates deceased performed active duty service.
    - d. Last grade or rank.
  2. Check "No" or "Yes." If you check "No," you must attach OPM Form 1519, Surviving Spouse's Military Deposit Election, to this application. You may obtain OPM Form 1519 from the agency where the deceased was employed when he or she died.

In order to obtain full and continuing credit for military service performed after December 31, 1956, an employee may make a deposit of 7% of basic military pay earned (plus interest, if applicable) to the employing agency. If an employee (not an annuitant) dies without making (or completing) this deposit, the surviving spouse may make the deposit with the employing agency. The deceased employee's employing office will provide information about how making (or not making) the deposit will affect the survivor annuity and how the survivor makes the deposit.

3. Show whether the deceased was receiving retired pay from any branch of the military.
  - a. Check "No" or "Yes." Subject to Social Security considerations, the active military service will be used in the computation of the surviving spouse's monthly benefit, UNLESS the surviving spouse instructs OPM to exclude all the active military service.

### Section G - Certification

Sign your name in ink. Please note that OPM will not accept the signature of someone who has a power of attorney for the applicant named in Section B. A court-appointed fiduciary can apply on behalf of the applicant, provided a court-certified copy of the court appointment is attached to the application for death benefits. If there is no court-appointed fiduciary and the applicant is not competent, a relative or person responsible for the applicant may sign. OPM will arrange later for the appointment of a representative payee to manage benefit payments after the applicant's incapacity is verified. Enter the current date and give your correct mailing address as you want it to appear on your check. Give a daytime telephone number so we can reach you if we need more information. If you do not complete this section, the processing of your claim may be delayed.



APPLICATION FOR  
DEATH BENEFITS  
CIVIL SERVICE RETIREMENT SYSTEM

Form Approved  
OMB No. 3206-0156

Section A - Information About the Deceased

|   |  |   |   |
|---|--|---|---|
| 1. Full name of deceased ( <i>Last, first, middle</i> )   |  | 2. Date of birth ( <i>Month, day, year</i> )                              | 3. Date of death ( <i>Month, day, year</i> )            |
| 4. Legal residence at time of death ( <i>City, State</i> )  |  | 5. Social Security Number   | 6. CSA Number ( <i>If applicable</i> )                  |
| 7. Department or agency in which last employed, including bureau or division  |  | 8. Location of last employment ( <i>City, State</i> )                     | 9. Date of final separation ( <i>Month, day, year</i> ) |
| 10a. Was the deceased applying for or receiving workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> |  |   | 10b. OWCP Claim Number                                  |
| 11. Name of deceased's spouse at time of death  |  |   |   |
| 12a. Name of deceased's spouses from all former marriages   |  | 12b. How did each marriage end?   | 12c. Date each marriage ended ( <i>Mo., dy., yr.</i> )  |
|   |  | <input type="checkbox"/> Death <input type="checkbox"/> Divorce/Annulment |   |
|   |  | <input type="checkbox"/> Death <input type="checkbox"/> Divorce/Annulment |   |

Section B - Information About the Applicant

|   |  |   |   |
|---|--|---|---|
| 1. Full name of applicant ( <i>Last, first, middle</i> )  |  | 2. Date of birth ( <i>Month, day, year</i> )    | 3. Social Security Number                   |
| 4a. Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  | 4b. What country are you a citizen of?          | 5. Relationship to deceased                 |
| 6. Are you a widow or widower of the deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Complete items 7-12 below <input type="checkbox"/> No <input checked="" type="checkbox"/> Go to Section C   |  |   |   |
| 7. Marriage performed by <input type="checkbox"/> Clergy/Justice of the Peace <input type="checkbox"/> Other ( <i>Explain</i> )   |  | 8. Date of marriage ( <i>Month, day, year</i> ) | 9. Place of marriage ( <i>City, State</i> ) |
| 10. Were you married to the deceased more than once? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>   |  | 10a. Date of prior marriage                     | 10b. Date marriage ended                    |
| 11. Have you married since the date given in A.3.? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>   |  | 1a. Date you were married                       |   |
| 12a. Have you ever applied for a survivor annuity based on the Federal service of a deceased spouse <b>other than the one named above</b> in A.1.? <input type="checkbox"/> No <input checked="" type="checkbox"/> Go to Section C <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Complete items 12 b-e below |  |   |   |
| 12b. Name of deceased former spouse   | 12c. Date of birth ( <i>Mo, dy, yr</i> ) | 12d. Retirement system                          | 12e. Claim number                           |

Section C - Information About the Deceased's Dependent Children

|  |  |  |                                     |                            |                            |               |           |                           |  |
|--|--|--|-------------------------------------|----------------------------|----------------------------|---------------|-----------|---------------------------|--|
| 1. Are there any <b>unmarried</b> dependent children as defined in the instructions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Complete Section C <input type="checkbox"/> No <input checked="" type="checkbox"/> Go to Section D |  |  |                                     |                            |                            |               |           |                           |  |
| a. Name(s) of Unmarried Dependent Children ( <i>List in order of birth</i> )   | b. Date of Birth ( <i>Month, day, year</i> ) | c. Age 18 or over  | d. Child's relationship to deceased | e. Social Security Number  |                            |               |           |                           |  |
|  |  | Student  | Disabled                            | Child of marriage at death | Child of previous marriage | Adopted child | Stepchild | Child born out of wedlock |  |
|  |  |  |                                     |                            |                            |               |           |                           |  |
|  |  |  |                                     |                            |                            |               |           |                           |  |
|  |  |  |                                     |                            |                            |               |           |                           |  |
|  |  |  |                                     |                            |                            |               |           |                           |  |
| 2. Is there a child of the deceased not yet born?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |                            |                            |               |           |                           |  |

3. Do you *(the applicant)* have responsibility for all the children in C.1.?

☐ Yes → Go to C.4.

☐ No → Complete a-c below

| a. Name and Address of Person Responsible | b. Name(s) of Children | c. Custodian's Relationship to Child  |
|---|------------------------|---|
|   |                        | <input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> Other → Specify |
|   |                        | <input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> Other → Specify |

4. Has a legal guardian (other than any shown in C.3) been appointed for any child listed in C.1?

☐ Yes → Complete a-b below

☐ No → Go to Section D

| a. Name and Address of Legal Guardian | b. Name(s) of Children |
|---------------------------------------|------------------------|
|                                       |                        |

### Section D - Information About Other Heirs

List other relatives who can inherit from the deceased as explained in the instructions.

| 1. Full Name of Relative | 2. Complete Address | 3. Relationship to Deceased |
|--------------------------|---------------------|-----------------------------|
|                          |                     |                             |
|                          |                     |                             |
|                          |                     |                             |

### Section E - Information About the Deceased's Estate

1. Has an executor, administrator or other official been appointed by the court to settle the estate of the deceased?

☐ No → Go to 3 below

☐ Yes →

2. Full name and address of person appointed *(Street, city, state, ZIP Code)*

3. If an executor, administrator or other official has not been court appointed, will one be appointed?

☐ Yes

☐ No

### Section F - Active Military Service *(Complete ONLY if deceased was a Federal employee covered under the Civil Service Retirement system at the time of death AND if you are the surviving spouse)*

1. If the deceased performed active, honorable service in the Armed Forces or other uniformed service as described in the instructions, complete 1a-d below and attach a copy of the discharge certificate or other certificate of active military service *(if available)*.

| a. Branch of Service | b. Serial Number | c. Dates of Active Duty  |                        | d. Last Grade or Rank |
|----------------------|------------------|--------------------------|------------------------|-----------------------|
|                      |                  | From <i>(Mo, dy, yr)</i> | To <i>(Mo, dy, yr)</i> |                       |
|                      |                  |                          |                        |                       |
|                      |                  |                          |                        |                       |

2. If any of the above listed service was performed after 12/31/56, was a deposit to the Retirement Fund made for the service?

☐ Yes

☐ No → *(See instructions)*

Complete and attach OPM 1519

3. Was the deceased receiving military retired pay at the time of death?

☐ No → Go to Section G

☐ Yes →

3a. Do you want the military service used to compute your Civil Service annuity?

☐ No

☐ Yes

### Section G - Certification

I hereby certify that all statements made in this application are true to the best of my knowledge and that no evidence necessary to the settlement of this claim is withheld. I have read and understand all of the information provided in the instructions to the application.

|   |                    |   |
|---|--------------------|---|
| 1. Signature of applicant named in Section B. <i>(Sign in ink; do not print.)</i> | 2. Mailing Address | <b>WARNING :</b> Any intentionally false or willfully misleading statement or response you provide in this application is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both. (18 USC 1001) |
| 3. Telephone number <i>(including area code)</i>                                  |                    |   |
| 4. Date   |                    |   |